

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869142

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11	1					
12	1					
13	1					
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1					
22	1					
23		1				
24		0				
25		1				
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32		2				
33		2				
34		2				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48	1					
49		1				
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
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96						
97						
98						
99						
100						
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	58	←		←		←
TOTAL CLAIMS	75					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS